August 2019

Paediatric Neurology First Seizure Clinic Referral Form

Indications for Referral

- **First afebrile/unprovoked seizure**
- **Recurrent febrile seizures**
- **New suspected diagnosis of Epilepsy (If confirmed, will be followed by in general/Epilepsy clinic)**

DATE OF REFERRAL:	REQUESTING PRACTITIONER:
CHILD'S NAME:	OFFICE ADDRESS:
PATIENT DATE OF BIRTH:	
PATIENT ADDRESS:	OFFICE TELEPHONE NO.
PATIENT PHONE NUMBER:	OFFICE FAX NO.
Will an interpreter be required?	Language:

This referral is: ◯ Urgent ◯ Non-urgent
Referral if from: ◯ LHSC-ER ◯ Pediatrician ◯ Family doctor ◯ Nurse-practitioner ◯ Other: ---------------------------------
Is the patient aware of the referral? YES NO

Event Description

- Is seizure the most likely diagnosis? ◯ Yes ◯ No, And if no please specify: ---
- What kind of seizure was observed? ◯ Generalized ◯ Focal ◯ Unknown
  - If generalized, please identify: ◯ Tonic- clonic ◯Absence ◯Myoclonic ◯Atonic ◯ Unknown
  - If focal, please identify: ◯Focal motor ◯Focal non-motor ◯ Unknown ◯Other---
  - Please provide a brief seizure description: ---

- Epilepsy risk factor: ◯Family history ◯ febrile seizures ◯Developmental delay/autism ◯ History of Head Trauma/infection
- Seizure onset ◯ <3 months ◯ >3 months
- Frequency of events: ◯ One ◯ 1-10 seizures ◯ > 10 seizures
- Circumstances of the seizure: ◯ Unprovoked ◯ breath-holding ◯ Feeding ◯ Infectious ◯ Other ----------------------------
- Neurological Exam: ◯ Normal ◯ Abnormal, If abnormal, please specify: ---

Clinical tests:

- Has EEG been ordered? ◯Yes ◯No If YES: Provide Date and location of EEG --
  If available, describe EEG Result____ _______ ___
- Diagnostic Imaging completed: ◯ Yes ◯ No Date/Results: ____
- Anti-seizure medication?: ◯ Yes ◯No, If yes, please indicate: ____
- Psycho/emotional co-morbidities : ◯Depression ◯ Anxiety ◯ Other _____________________________________
- Other medications: List name , dosage and how long taking---
- Is the patient driving? ◯ Yes ◯No, if yes has MTO been informed? ____

Post-encounter impression: Seizure ◯ Yes ◯ No **EEG indicated**: ◯ Yes ◯ No **Follow up arranged:** ◯ Yes ◯ No ________